

DECLARATION

I, the undersigned _____ declare that the answers given below are true. I also acknowledge that in the event of a symptom and/or suspicion of infection, I am not allowed to enter the school building, and am obliged to notify the WBS Student Office **without delay**, via e-mail in writing.

1. In the past 3 days, have you experienced any form of:
- high temperature (37,5°C or above)? yes no
 - headache, malaise, discomfort, pains in your muscles? yes no
 - dry cough, breathing difficulty, shortness of breath, rapid breathing? yes no
 - sore throat, loss of taste or smell? yes no
 - nausea, vomiting, diarrhoea? yes no

2. Have you been in contact with a patient with a confirmed coronavirus infection in the past 14 days? yes no

3. In the past 14 days, have you had any contact with a person who had been placed in an official quarantine on suspicion of a coronavirus infection? yes no

4. Have you been abroad in the past 14 days? yes no

If yes: _____ (city, country) _____ (date)

5. In the past 14 days, have you had any contact with a person who had just arrived from a foreign country? yes no

6. Have you been in contact with a person who has had a fever, cough, shortness of breath in the last 14 days? yes no

If any of your answers is 'yes', a coronavirus test (PCR test) has to be conducted. Please, do not come to school, and contact the WBS Student Office **without delay**, via e-mail in writing concerning your quarantine or the making of an appointment for your first PCR test.

Date: _____

signature